

NO. OF COPIES RECEIVED		DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE		FILE		REQUEST FOR ALLOWABLE		AND	
U.S.G.S.		LAND OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER		OIL		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED BY APR 14 1986 O. C. D. ARTESIA OFFICE </div>			
		GAS					
OPERATOR		PRORATION OFFICE		<div style="border: 1px solid black; border-radius: 50%; width: 80px; height: 80px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> SI </div>			
Operator							
Address PO Box 322 CARLSBAD N.M. 88220							
Reason(s) for filing (Check proper box)							
New Well		Change in Transporter of:		Other (Please explain)			
Recompletion		Oil		Dry Gas			
Change in Ownership		Casinghead Gas		Condensate			

If change of ownership give name and address of previous owner: RAINS PRODUCTION PO Box 927 CARLSBAD N.M. 88220

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Exxon State</u>	<u>7</u>	<u>MACRODER YATES</u>	State, Federal or Fee	<u>STATE E-2597</u>
Location				
Unit Letter	<u>0</u>	<u>990</u>	Feet From The	<u>S</u> Line and <u>2310</u> Feet From The <u>E</u>
Line of Section	<u>15</u>	Township	<u>21</u>	Range <u>27</u> , NMFM, <u>Eddy</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NAVAJO REFINING CO.</u>	<u>PO DRAWER 175, ARTESIA N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	<u>0 15 21 27</u>
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			<u>Post ID-3</u>					
			<u>5-9-86</u>					
			<u>Chg op</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bruce P. Rains
(Signature)
Operator
(Title)
4-14-86
(Date)

OIL CONSERVATION COMMISSION
MAY 2 1986
APPROVED _____, 19 _____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in accordance with Rule 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

MAY 5 1986